

Office of Human Resources

## Name Change Packet

Request forms must be completed when a benefit-eligible staff or faculty member changes address, marital status, and/or benefit plan enrollment. These forms must be processed and returned to the Human Resources office within 30 days of the qualifying event and/or status change.

✓ **Qualifying Events:** A change in your situation — like getting married, having a baby, or losing health

coverage (this includes the grace Open Enrollment Period

✓ **Verifying Dependents:** When enrolling a spouse or child for changing a spouse or child's enrollment in

required

*the request for name change.*

Forms to be returned for a name change:

Office of Human Resources Data Change Form

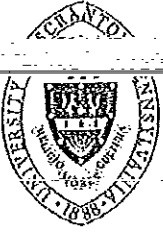
W-4 (only if you wish to change your federal withholding)

Residency Certification

Retirement Vendor Information Change Form

\* Only complete the form for the vendor you have an account with

All forms are available in the Office of Human Resources, St. Thomas Hall room 100



# Data Change Form

Please print all information in Ink.

Name: \_\_\_\_\_

R# \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Check the appropriate box(es) to indicate a change to your personal information as indicated below:

Name: \_\_\_\_\_  
*(Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.)*

Physical Address: \_\_\_\_\_  If different, provide Mailing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Cell \_\_\_\_\_

Marital Status: Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.

Add  Remove the following spouse/dependent(s):  
*(Please provide supporting documentation i.e. birth certificate, marriage license, divorce decree, etc.)*

NAME		Birth
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female

Check emergency contact person: (if applicable)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Highmark \_\_\_\_\_  
JICCI \_\_\_\_\_  
COBRA \_\_\_\_\_

Received in HR \_\_\_\_\_  
Date Completed \_\_\_\_\_

Form **W-4**

Department of the Treasury  
Internal Revenue Service

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

# 2023

## Step 1:

(a) First

Enter  
Personal  
Information

- 
- 
- 

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers  
Only**

Employer's name and address

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# General Instructions

Section







# RESIDENCY CERTIFICATION FORM

## Local Earned Income Tax Withholding

### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers to report to the tax collector the essential information for the collection and distribution of Local Earned Income Taxes or a name and/or address change for the tax collector contact information.

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	MUNICIPALITY (City, Borough or Township)	
COUNTY	RESIDENT ID CODE	EMPLOYER ID CODE	TOTAL RESIDENCY FIT RATE	

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER ID CODE	
University of Scranton			240708495	
STREET ADDRESS (No PO Box, RD or RR)				
900 Linden St				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	MUNICIPALITY (City, Borough or Township)	
Scranton	PA	18510	Scranton	
COUNTY				
Lackawanna				

### CERTIFICATION

SIGNATURE OF EMPLOYEE	PHONE NUMBER

please refer to the Pennsylvania Department of Community & Economic Development website:

[www.newPA.com/Act32](http://www.newPA.com/Act32)

THE UNIVERSITY OF  
**SCRANTON**  
A JESUIT UNIVERSITY

HUMAN RESOURCES

TO: TIAA-CREF  
FROM: UNIVERSITY OF SCRANTON  
OFFICE OF HUMAN RESOURCES  
RE: REQUEST FOR ADDRESS CHANGE  
FAX: (800) 914-8922

Please update address for any and all accounts held by the participant listed below.

Participant Name: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Previous Address

New Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Accountholder

Date

Signature of HR Representative

Date